



## **Program Assessment Report**

# **Olive Leaf Foundation (OLF) OVC Program**

**Prepared by**

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**CK NO: 2007/232792/23**

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**August 2012**



# Olive Leaf Foundation (OLF): OVC Program

## Assessment Report

Commissioned by Pact South Africa under  
Associate Award No. 674-A-00-08-00001

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**Disclaimer:** This publication was made possible through support provided by the Office of HIV/AIDS, Bureau for Health, U.S. Agency for International Development, under the terms of USAID South Africa Associate Award No 674-A-00-08-00001. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of Pact or the U.S. Agency for International Development.

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## LIST of ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
CEO	Chief Executive Officer
CYCW	Child and Youth Care Worker
EDMES	Electronic Distributed Monitoring and Evaluation System
GBV	Gender Based Violence
FGD	Focus Group Discussions
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MOU	Memorandum Of Understanding
NGO	Non-Governmental Organisation
OLF	Olive Leaf Foundation
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PSS	Psychosocial support
SAP	South African Police
SASSA	South African Social Security Agency
STI	Sexually Transmitted Infections
TB	Tuberculosis
UIF	Unemployment Insurance Fund
USAID	United States Agency for International Development

# **EXECUTIVE SUMMARY**

## **Introduction**

The assessment of the Orphans and Vulnerable Children (OVC) programme of the Olive Leaf Foundation (OLF) was undertaken by MASAZI Development Associates in April and May 2012. OLF implemented the multi-site OVC program between 2008 and 2011 through a grant from USAID/PEPFAR. USAID is interested in obtaining information about key outcomes achieved by the programme in addressing the needs of orphaned and vulnerable children in the targeted communities. As part of the PEPFAR funded program, OLF implemented several interventions that resulted in alleviating the situation of orphans and vulnerable children. Interventions included Kids Clubs, jamborees, economic empowerment of OVC and guardians as well as referrals to government and the private sector for assistance.

## **Purpose and Methods of the Assessment**

The overall purpose of the assessment was to gather evidence on key program achievements and outcomes with regards to addressing the needs of Orphaned and vulnerable children in targeted communities. The approach and design of the assessment ensured that results provide key stakeholder perspectives on the value of program investments in selected sites.

The assessment thus focused on gathering the following;

- The general stakeholders' views about key accomplishments of the programs particularly with regards to addressing the needs of vulnerable children in targeted communities.
- A compilation of a portfolio of evidence on program achievements and key results over the period of the USAID/PEPFAR grant.

Methods used included, extensive review of documents and the program database, in-depth key informant interviews and focus group discussions with a purposefully selected sample of key stakeholders. Stakeholders that participated in the assessment include program beneficiaries (OVCs and their families), CBO partners, schools, community leaders and government officials.

The findings in this assessment are based on data obtained from four program sites; Diepsloot, Soweto, Alexandra in Gauteng Province and Motherwell which is in the Eastern Cape Province.

## Findings

1. The OLF program was implemented in communities where children live in environments of poverty, unemployment, abuse, violence and HIV/AIDS. Over the funding period, the OLF OVC program supported 8 sites in 3 provinces (Gauteng, Eastern Cape and Western Cape) reaching approximately 10,000 children annually. Over 200 caregivers were also trained with child protection interventions and skills on how to care and support OVC.
2. Beneficiaries and former OLF staff members expressed the view that the OLF programme was beneficial to OVC, households and communities.
3. The overall intervention activities (jamborees, Kids Clubs, referrals) instituted by OLF to improve the lives of OVC were greatly appreciated by different stakeholders. Data from the Azisa database, with over 31,000 entries of services provided, demonstrate achievement outputs in the key areas of support as follows;

Over 50 specific intervention activities were provided to OVC under key category service areas. However, the most frequently provided services were psychosocial support, facilitation of education on HIV/AIDS and referral for general health.

- **Child Protection:** the most popular activity with respect to child protection was assisting OVC with birth registration and identification documents provided to 61 percent of OVC receiving such services. Through interventions like jamborees, an effective referral system and education received at the Kids Clubs, OLF managed to keep children safe from abuse, neglect, stigma, discrimination as well as assisting with necessary citizenship documentation for the OVC.
- **General Healthcare:** under this category of service most OVC (72 percent) were identified in the community and referred for a wide range of health services. Immunization services were provided to 10% of OVC. The OLF field staff visited the OVC at home and worked with service providers at local clinics to facilitate the access of OVC to general healthcare.
- **Nutrition:** Improvement of nutritional status of OVC focused mainly on provision of nutritional counselling and education, representing 42% of nutritional support services provided.

- **Healthcare support for Antiretroviral Treatment (ART):** Only a handful of children (103) were provided with services related to access to ART services. To improve access to ART, most of the OVC (56%) received services focused on identifying, referring and following those who potentially needed such ART.
- **HIV Prevention:** In the category of HIV prevention, HIV/AIDS and TB prevention education was provided to 94 percent of OVC. The Kids Clubs were the venues where OVC were provided with education on HIV/AIDS and TB and assisted to test and enroll for antiretroviral treatment (ART).
- **Psychological care :** Of the 575 OVC reached with psychological care , over three quarters received therapy through art, sport, music and play skills. OLF facilitated the overall psychosocial wellbeing of OVC by carrying out Structured Group Therapy for the OVC who had just lost their parents and educating all school students on HIV/AIDS so that they do not discriminate students who had lost parents due to HIV/AIDS.
- **To enhance the school performance of OVC:** Homework support for science, mathematics and literary lessons was provided to over three quarters of OVCs. The OVC at the Kids Clubs were provided with extra tuition on weekends or during school holidays and based on feedback gathered, this seems to have enhanced their school performance.

Through referrals to other organizations (for example, Tomorrow Trust and Oprah Winfrey School), the OVC were assisted to access tertiary education.

- **To increase the economic wellbeing of OVC and their families:** The main activity was to support OVC to access a child support grant and 95% of OVC in this category were provided with such a service. Other activities such as training on various entrepreneurial skills were implemented on a small scale.

The OVC guardians were trained in budgeting and helped to undertake income generating activities like sewing, knitting, bead work, selling chickens joining stokvels in order to increase the economic wellbeing of OVC and their families.

4. OLF developed extensive networks with different stakeholders who work with OVC. A number of partnerships with government, NGOs, private sector and communities were important components of interventions.



## Lessons Learnt

The key lessons learnt from the operation and closure of OLF are as follows;

1. **Diversified funding is critical for survival of NGOs;** leveraging other private sector and Government resources to supplement PEPFAR funding and community efforts would greatly enhance sustainability of programs over the long term.
2. **Governance and good management are key in sustaining NGOs/CBOs.** Effective use of capacity building support in these areas is crucial to avoid poor and inefficient management which can negatively affect an organization.
3. **An exit strategy is appropriate for organizations with limited funding:** When an organization depends on external funding, it requires an exit strategy that is communicated to employees effectively. Communicating information about the termination of a program that is assisting children needs to be handled carefully to avoid activities remaining 'in limbo' and adversely affecting them and the communities.
4. **The value of partnerships in extending reach was demonstrated:** OLF's program developed several partnerships with Government, NGO and private sector organizations during the life of the project. These were key in extending the reach to serve more vulnerable children. An indepth exploration of the processes of engaging a wide array of partners could benefit other programmes.

## Recommendations

1. The evaluators recommend that PEPFAR should consider supporting CBOs and NGOs that have sprung up as an offshoot of OLF operations in the communities of Diepsloot, Soweto and Alexandra (and perhaps elsewhere). The views from the communities are that they are playing a critical role in assisting OVC.
2. The interventions that were promoted by OLF, that is, Kids Clubs, jamborees, holiday camps, home visits were very popular with beneficiaries and they should be resuscitated and supported.

3. It is recommended that more support be provided to NGOs receiving funding from PEPFAR in the area of monitoring and evaluation, fund raising and governance. There is need for more concerted efforts in mentoring and training of these PEPFAR funded organizations in order to ensure good governance and sustainability. These efforts will assist to sensitize organizations to the need of having an exit strategy right from the beginning and to increase their skills in fund raising.

## **Conclusion**

During its life, the OLF programme improved the lives of OVC resident in the disadvantaged communities. The OVC received a wide array of services in general healthcare, HIV and TB prevention, social protection, psychosocial and economic support of OVC and their households. The OLF interventions and the process were highly commended for being very effective in providing services to OVCs. Unfortunately, the organization faced challenges which resulted in its closure. Some former OLF staff members have used their experiences with OLF to form their own NGO or CBOs that will provide services to the communities. A number of challenges exist hence financial support and capacity building are strongly recommended.

## I. BACKGROUND

Over the past few decades, the number of children orphaned and vulnerable in Africa has been increasing predominantly because of HIV/AIDS. Many children in the region have been orphaned as a result of disease and other factors. In 2008, the estimated number of children orphaned in Eastern and Southern Africa was approximately 24 million and 40 per cent of them were due to AIDS<sup>1</sup>. Other data indicate that East and Southern Africa (excluding DRC) has approximately 28 million children who do not have one or both parents.<sup>2</sup> In the SADC region, it is estimated that there are approximately 126 million children aged 0-17 years<sup>3</sup>, and over 17 million of them are orphans;<sup>4</sup> that is approximately 17% of children, and 7% of the entire population. Children whose parents have died due to HIV/AIDS suffer from a number of problems; emotional distress, malnutrition, poor health care, poor access to health and educational services and risk homelessness and being victims of sex trafficking.

This grim situation of OVC in the region has triggered a number of responses internationally and in the region. In 2008, SADC developed the *SADC Framework & Plan of Action for Comprehensive Care & Support for Orphans, Vulnerable Children & Youth (2008-2012)* (Framework). The Framework provides a common approach to addressing challenges faced by orphans, vulnerable children and youth (OVC & Y), their families and care givers, in the socio-cultural context of the countries of the region. Further, SADC has developed concrete policy and programmatic guidance for Member States and other partners to provide comprehensive care and support services for OVC & Y.

The US government has devoted significant resources towards addressing the needs of children made vulnerable by HIV/AIDS through PEPFAR (President's Emergency Plan for AIDS Relief) since 2004. PEPFAR through USAID (United States Agency for International Development) has taken a special interest in fighting the devastating impact of the AIDS epidemic and to assist putting in place sustainable measures for self-reliance and sustainability.

Specifically, in South Africa, through USAID and PEPFAR, the US government complements the efforts and policies of the South African Government (SAG) and NGOs. As one of the largest donors supporting OVC (Orphans and Vulnerable Children) in South Africa, the emergency plan provides financial and technical support to numerous OVC programs in South Africa. These programs are implemented through partnerships between SAG, USAID/ PEPFAR and NGOs.

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<sup>1</sup> United Nations Children Fund (2008): Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF.

<sup>2</sup> UNICEF, 2009, *Children and AIDS: Fourth Stocktaking Report*

<sup>3</sup> Data for 2007, UNICEF, 2009, *State of the World's Children Report 2009*

<sup>4</sup> Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS, UNAIDS & UNICEF, 2006

PEPFAR provides support to OVC programs in the areas of

- Food and Nutrition,
- Shelter and Care
- Protection
- General health Needs of OVCs
- Health care for HIV-Positive Children
- Prevention of HIV
- Psychosocial Support
- Education and Vocational Training and
- Household Economic Strengthening

While working in these key areas, OVC programs receiving support from PEPFAR are expected to adhere to sound principles of practice as follows;

- Focus on the Best Interests for the Child and His/ Her Family
- Prioritize Family /Household Care
- Bolster Families and Communities
- Nurture Meaningful Participation of Children
- Promote Action on Gender Disparities
- Respond to Country Context
- Strengthen Networks and Systems
- Integrate HIV/AIDS Prevention, Treatment and Care Programs
- Support Capacity of Host-Country Structures

### **The Olive Leaf Foundation (OLF) OVC Program**

The OLF (Olive Leaf Foundation) OVC program has been funded by PEPFAR since 2008, however many of the sites have been receiving PEPFAR support for much longer as they were initially funded through the Hope World Wide program (2004-2008). This program, primarily implemented through schools and kids clubs, focuses on identification of children and provision of services by Kids Club facilitators. Through established linkages with other service providers in communities, the kids club facilitators refer children for additional services as needed and in some cases, conduct home visits to follow-up and check on the home situation particularly for the highly vulnerable children. Support in income generating activities was also provided to the OVC guardians in order to assist with sustainability. Over the funding period, OLF has supported 8 sites in 3 provinces (Gauteng, Eastern Cape and Western Cape) reaching about 15,000 children

annually. The main OVC services provided by the programme included educational support, HIV prevention education and referrals to healthcare services.

As indicated in the close out Report of OLF, the goal of OLF was to influence institutional policy, legislation and governance to create the correct regulatory framework to protect and promote children's rights. OLF participated in various national and programmatic Child Protection task teams and committees. The organization was aware of and guided by a number of international conventions and charters on children.

## **The context of OLF Operations**

For the OLF OVC program sites assessed, the description below indicates the common characteristics of these communities and consequent vulnerability of children either directly or indirectly. In these communities, children face poverty, unemployment, abuse, violence and HIV/AIDS.

### ***High poverty & unemployment***

At all sites visited there were high rates of unemployment which resulted in high levels of poverty. In turn, poverty led to a lack of food, clothing and school necessities for OVC. Further, the high poverty levels resulted in OVC staying in overcrowded informal settlements more specifically, in Alexandra and Diepsloot. In Diepsloot, lack of basic necessities such as water and sanitation was a big challenge for the communities and increased vulnerability of children. In these communities, although many households qualify for government grants, many are not accessing them due to lack of information and relevant legal documentation.

### ***Substance abuse and violence***

In Alexandra and Soweto, there was a problem of alcohol abuse and to a lesser extent drug abuse. Abuse of alcohol and drugs among both adults and children often leads to violence in the community. High incidences particularly of gender-based violence were reported by respondents at all the sites. OVC who had been abandoned, neglected or left at home while the parent was working were reported to have experienced violence and abuse. A high prevalence of sexual abuse against both girls and boys was reported at all sites.

## ***HIV/AIDS***

At all four sites there was a high rate of HIV and TB in the communities. Many children were orphaned due to the death of parents from AIDS. When parents die from AIDS, Children suffer in many ways including emotionally (loss of confidence, emotional insecurity and anger) as well as physically due to inadequate care and provisions. These issues are compounded by the stigma that they face from having had or having an HIV positive parent.

## ***School attendance***

In the three sites of Diepsloot, Alexandra and Soweto, guardians identified irregular school attendance as a major problem among school children. At all sites, teenage pregnancy was cited as an issue that distracted girls from attending school. In Alexandra, guardians attributed this to a number of reasons including alcohol use, smoking, peer pressure and teenage girls having sexual relationships with older men. In Soweto and Diepsloot, children were '*terrorised by gangsters*' in the community en route to school. Fears of having money stolen or being beaten up hindered the children's education and even more so for OVC.

In the context of these challenges, OLF intervened to address some of the social issues that OVC's faced by bringing in partners and enabling OVC's to reach their full potential through relevant OVC programs. Through the interventions and the activities carried out by OLF, OVC and their families had their plight alleviated. Different programmes were designed either at individual, family or community level to alleviate the situation of the OVC.

## **II. PURPOSE OF THE ASSESSMENT**

The overall purpose of the OLF OVC program assessment was to gather evidence on the key outcomes achieved by the programme and find out whether the programme improved the situation of orphaned and vulnerable children in communities where OLF operated from 2008 until it closed down in 2011.

The assessment seeks to provide the following information:

1. The general stakeholders' views about key accomplishments of the programs particularly with regards to addressing the needs of vulnerable children in targeted communities.
2. A compilation of a portfolio of evidence on program achievements and key results over the period of the USAID/PEPFAR grant.

## **III. METHODOLOGY**

The assessment was carried out in three sites in Johannesburg, Gauteng and one site in Port Elizabeth, Eastern Cape. The four sites were selected purposively. The researchers took into consideration the size and duration of OLF operations, proximity of sites to the evaluators given the budgetary constraints and the anticipated difficulty of accessing and following up potential interviewees since the organization had closed down. The three sites in Johannesburg were Alexandra, Diepsloot and Soweto. The fourth site was Motherwell in Port Elizabeth.

The OLF OVC program assessment included the use of qualitative methods for data collection. A review of documents was conducted to assess the extent to which program plans were realized through implementation of various activities. In-depth key informant interviews and focus group discussions (FGDs) with a purposefully selected sample of key stakeholders were conducted.

### **3.1 Sources of Data**

Below is a description of the different sources of data and methods of gathering the data.

- The document centre in Pretoria stores data from the OLF sites. Therefore, this site provided the first contact with records for review. Other relevant data were also made available (for example, periodic reports).
- The following four locations; Alexandra, Diepsloot, Soweto and Motherwell were targeted as the primary assessment sites. At each of the sites, data were gathered through:
  - In-depth interviews with former OLF senior field staff
  - In-depth interview with former OLF management
  - FGD's with beneficiaries
  - Key informant interviews with other stakeholders, namely social welfare workers, health workers, educators.
- In-depth interviews were conducted with senior officials from PACT and USAID.

### **3.2 Filed Work: Data Collection**

The field investigators developed the data collection tools and conducted training during the week starting on the 4<sup>th</sup> April. During the training, the approach and methodology of the assessment were refined. Desk top review of relevant literature, which comprised mainly of PEPFAR OVC guidance documents, program documents and other relevant OVC materials, was conducted during this time.

Training of the assessment team was conducted at MASAZI offices. The training consisted of an overview of the qualitative approach to data collection, OVC issues and ethical research. The teams also went over the instruments and refined them during this period. Field work was conducted between the 18<sup>th</sup> April and 16<sup>th</sup> of May 2012.

A summary of the field data collection process was compiled and a report is available for reference. A summary of the number of assessment units, their sizes and methods used are indicated in Table 1 below.



**Table 1:** Summary of In-depth Interviews and Focus Group Discussions (FGDs) by category of Interviewees

SOURCE OF DATA	Number of In-Depth Interviews	Number of FGDs	Total number of participants
Former OLF Management	6	-	6
Field /Home based care workers	7	1	15
OVC's at Kids Clubs	-	5	50
Guardians	-	3	40
Teachers and Nurses	6	-	8
Government departments	5	-	5
USAID	1	-	1
PACT/SA,	4	-	4
<b>Total</b>	<b>23</b>	<b>9</b>	<b>129</b>

### 3.3 Data Processing and Analysis

The data gathered were largely qualitative and were analysed manually. The key thematic areas were organised along the main objectives of the assessment. For instance, what respondents said about the relevance of the program, its effectiveness in terms of achieving goals, sustainability and potential replicability. Supplementary data gathered from service statistics/database were included in the analysis of program performance.

### 3.4 Challenges and Limitations

The selection of study units at different levels was largely purposive and this can be a source of bias. However, the use of mixed methods to triangulate the results was used to validate the assessment.

The OLF programme is no longer operational, and as a result, the teams found it difficult to trace the various respondents for interviews as well as use existing data sources. In order to track down various respondents, the snowballing technique was used. In such cases, the team had to depend on former employees to get to interviewees or arrange for interviews with stakeholders and beneficiaries and this may have been subject to some partiality.

Former employees of OLF were displeased and frustrated with the termination of funding for the organisation. Therefore, the views of such respondents could have been affected by their personal circumstances with respect to OLF. In such circumstances, deep probing was required to determine how pervasive the view that was being expressed was.

Qualitative methods are normative and convergence of views may show the extent to which there is agreement and how much of generalization can be made. In this case, views were cross checked and balanced with observations that were made by field investigators. Overall observations from researchers did not suggest that there were cases of staging for the assessment.

Limited quantitative analysis was conducted based on annual programme reports and on the data from the database “Azisa”. Comparisons at sublevels below the annual aggregates could not be performed because of the quality of data. Data were inconsistent and required significant cleaning before it could be used.

## **IV. KEY FINDINGS**

The organisation and presentation of findings in this section follows the objectives of the assessment which sought to provide information on the following;

- The general stakeholders' views about key accomplishments of the programs particularly with regards to addressing the needs of vulnerable children in targeted communities
- A compilation of a portfolio of evidence on program achievements and key results over the period of the USAID/PEPFAR grant; that is, between the years 2008 to 2011.

The first objective is explored using views from different groups while the second objective is explored mainly through service statistics gathered.

### **4.1 Stakeholder's Views on Key Accomplishments of the Program**

#### ***4.1.1 OLF Interventions***

The information that will be discussed in this section consists of views of different stakeholders and observations of the assessment team. The stakeholders are the beneficiaries (OVC and their guardians), former OLF staff, community members, the teachers, the staff at the local clinics, government departments, namely, Social Services and Local Government.

To address the problems of OVC, OLF designed its interventions around the Kids Clubs, home visits, holiday camps, nutrition programmes, jamborees, income generating projects and community care forums.

- **Kids Clubs**

At school level, OLF introduced Kids Clubs which were universally praised by children in group discussions. Typically, the Kids Clubs took place once or twice a week. After joining the club the children who had been orphaned through HIV/AIDS were assisted to regain their confidence and address stigma. Children who had lost parents due to HIV joined a support group and when their numbers reached ten, they received bereavement counseling as a group. Counseling was carried out using a play skill technique called the Structured Group Therapy and various topics were covered as part of the group therapy. However, the program at the school included a broader HIV/AIDS education and awareness for the whole school. This ensured that all the school children understand HIV and that practices of stigma and discrimination against children who are HIV positive or whose parents had died of AIDS were curbed.

Health education covering topics on teenage pregnancy, HIV/AIDS, TB, STIs, GBV, exploitation and discrimination aimed at education and prevention were discussed with school children. Additionally, at all four sites OVCs were taught about abstinence and faithfulness through the Abstinence and Being Faithfull (HIV AB) program. OVC who were below 12 years were taught the basics on abstinence and faithfulness whereas those above 12 years were given more information including HIV counseling and testing. In addition the guardians of the OVC were invited to attend Parenting courses so that they would be sensitive to the emotional needs of the OVC and not discriminate them. Further, the children received homework support at the Kids Club to assist them with reaching their academic potential. Having a club at the school encouraged OVC to attend school and increased school attendance in Alexandra and Motherwell.

There was overwhelming praise of Kids Clubs from the government, teachers, guardians and the children. A government representative stated that the Ministry of Sports and Recreation used the kids clubs to identify talent for stage productions. A teacher in Alexandra stated that she had a case of a child who had been raped and the child was not comfortable to disclose this information to the teacher but was happy to do so to the OLF Kids club coordinators.

In all the sites that the assessment team visited, the children were very enthusiastic about the kids clubs and some were screaming *“we want the kids clubs back!”* Former members of the kids club at one of the schools visited felt the closure of OLF had left a void in their lives remarked that *“the OLF programme has contributed to our characters and for standing for what we believe and embracing values of respect for self and others. The Kids Club assisted us to love one another and support one another with needs like food, clothes and stationery and forming study groups”*. The teachers in Alexandra and Soweto stated that they did not have the training that OLF staff had and therefore needed the support of the Kids Clubs in teaching the children on HIV/AIDS and children’s rights. One grandmother from Alexandra commended

*“I used to have a lot of problems with my orphaned grandson but after he attended the Kids club and I attended the parenting course we now get on very well and I thank OLF for their assistance”.*

#### ▪ Home visits

Support to OVC at family level was provided through home visits by OVC field workers. After identifying the OVC at the Kids Club or through referrals from home – based care workers, the OLF staff visited children at home to verify their orphanhood status. They opened files for the children and gathered detailed information about the situation of

individual children and the household. This included an assessment of the socio-demographic status of the child and the household. From the information gathered from the home visits the field workers were able to refer OVC's to appropriate government departments for assistance. A representative from the government stated that *“working together with OLF staff we organised food parcels for families with beneficiaries who were without food, and had no means of income.”* Some testimonies in Motherwell were given of children who were assisted by child care workers when they had difficult health problems until they were well to go back to school. Through these home visits, referrals to clinics for vaccinations and ART, to the Department of Social Development for grants, uniforms and shoes were made.

### ▪ **Holiday Camps**

By far, holiday camps were cited by children as the most popular aspect of the OLF programme. The holiday camps and leadership camps were popular in terms of the activities organised; motivational guest speakers, leadership training and team building activities to teach life skills. Furthermore, home work sessions were held at these camps. OVC were taught independence and leadership skills. As a result of the coaching received during the school holiday camps and at the Kids Club the OLF staff mentioned that some OVCs did well in school and found jobs after grade 12. In Motherwell, the children were particularly passionate about the holiday camps and lamented the closure of this aspect of the program.

In Alexandra and Soweto, OVC were referred to Tomorrow Trust where they attended holiday programs organised by the organisation. Some of the children did well in school after attending these holiday classes and would pass well to qualify for Tomorrow Trust bursary sponsorship for tertiary education. One OLF field staff reported that there were no sponsorships for tertiary education in 2010 and 2011 because the children were no longer passing well since the children were not focusing on their studies as they were before. Tomorrow Trust then started focusing on assisting the primary school children.

### ▪ **Nutrition**

From the discussions held with the beneficiaries at all the four sites it was clear that hunger was a real threat to the livelihood of OVC and their families. OLF addressed hunger by distributing food items to children and their households. Through sponsorship from Tiger Brands and Pick 'n Pay in Alexandra and Soweto, the most vulnerable kids were provided food parcels about twice a week. The food parcels included 1 kilogram of oats, 4 kilograms of samp, 25 kilograms of maize meal and 4 tins of baked beans. These food parcels were given to child-headed families or OVC families where the head of family

was bed ridden. To improve the nutritional status of the OVC, OLF found sponsors for seeds which were used to grow vegetables. OLF found sponsors to support the creation of food gardens, for example, in Soweto, Malaak Rock (the wife of Chris Rock the American comedian) supported the initiative through sponsoring various awareness and training events. The Food Garden Foundation gave training to the grand parents of OVC on nutrition and food gardens. OLF also lobbied community institutions as the three primary schools namely Lakeview, Lilieday and Emadlelweni to support the initiative through allocating pieces of land for the food gardens. In Diepsloot the land for food gardens was offered by the local Anglican Church and the local clinic. The vegetables were used for food at the Kids Clubs and at home by the beneficiary support groups. OLF also provided education on nutrition to the guardians.

#### ▪ **Jamborees**

A jamboree was a one stop shop opportunity to reach larger numbers of beneficiaries with a wide range of services. It was used to increasing access to services by bring them close to the OVC and communities. OLF organised Jamborees; activities and awareness days. The jamborees were held about once a year. The OLF staff stated that at a school jamboree they could service about 500 kids and at a community jamboree 1200 people including OVC were serviced. This was a day when government departments such as SAPS, clinics, banks, mobile HIV testing, fire-brigade, SASSA and the community were invited to a venue in the community or a school. The jamboree activities enabled a number of OVCs to obtain birth certificates, national Identity cards and access government grants. Other opportunities offered at the Jamborees included HIV testing and information on several life skills topics. The jamborees were commended by a representative from local government who stated

*“The jamborees helped us as a department because when we had scholarships or internships for disadvantaged children we knew we could rely on OLF to provide us with such children.”*

#### ▪ **Income generating projects**

OLF encouraged and facilitated income generating projects in general and specifically with the guardian groups. OLF supplied the capital to start up the projects. The beneficiary groups in Alexandra made and sold earrings, beaded work and knitted garments, sewing clothing. In Diepsloot the grand parents of the OVC received various training including growing vegetables to sell and for home consumption as well as other skills such as parenting skills, budgeting etc. They stated,

*“We benefited a lot from the training we received from OLF especially on budgeting so that we know how to manage our money”.*

The grandparents in Alexandra were still selling handbags which had been donated earlier on by Chris Rock.

In addition they sold eggs and chickens and have stokvels in order to generate income. Income from the various IGAs often enables families to supplement their monthly budget and to buy food and other basic requirements. At school level a model was introduced, whereby five OVC learners were identified and sold snacks at school in Diepsloot and Alexandra. The Coca Cola project however, went with Hope World Wide after OLF was established as a local organisation. The guardian and HIV support groups maintained gardens which were used by the Kids Clubs and guardians, thus increasing the nutrition at a household level.

#### ▪ **Community Forums and Programs**

OLF organised community forums at all sites to bring awareness to the community about OVC and their challenges. These forums were attended by ward counsellors, community leaders, government, and community members. These meetings allowed for effective communication within the community.

At a community level OLF had men’s programs known as Abalingane in Alexandra and Men as Partners at the other three sites. These programs were formed to educate men on issues of gender-based violence, equality, fatherhood and sexual abuse. This intervention was used to reduce gender based violence, sexual and substance abuse. Community members were also involved in the Child Protection Forums where issues facing OVC and children were discussed. The community members reported that the programme had sensitised them to the negative effects of gender based violence. They stated that some men had sought counseling after being exposed to these programs. In Alexandra OLF had a slot on Abalingane, the Alexandra FM radio program which resulted in increased awareness of issues related to gender based violence in the community. OLF also partnered with Sonke Gender Justice who would bring a popular actor from the SABC programme, “Generations” to educate the community on gender based violence. The programme discussed topical issues on OVC and gender based violence.

## **4.2 Program Achievements and Key Results**

### ***4.2.1 Achieving the Project Objectives***

To measure achievement of the project, effectiveness is examined in the context of the eight objectives that were set out during the life of the project. The outputs for the objective for which data were available were measured in key service areas for the years 2009 to 2011. The analysis in this section is based on periodic programme reports as well as the Azisa database that was designed and used by OLF for capturing service statistics.

Annual reports submitted to USAID by OLF were examined for outputs of services and the results for the total number of OVC reached over the years 2007 to 2011 are indicated in Figure 1. Data presents a variable picture in terms of levels of achievement from year to year. Overall, the programme has reached a large number of OVC. Taking into account that some of the OVC have received services a multiple of times (an average of 3 services per OVC) over 5 years, over 33,000 OVC have received services. The first two years showed a stable level of achievement which peaked significantly in the programme year October 2008 to September 2009. From then on, there was a decrease in the number of OVC indicated to have been reached. The changes are explained partly to be a result of changing reporting requirements. The annual report indicates that “across all program areas the shift to new PEPFAR/USAID South African Strategic Information (SASI) guidelines caused difficulties in reporting accurately. OLF was not able to communicate the changes in time, nor begin to capture data correctly”.

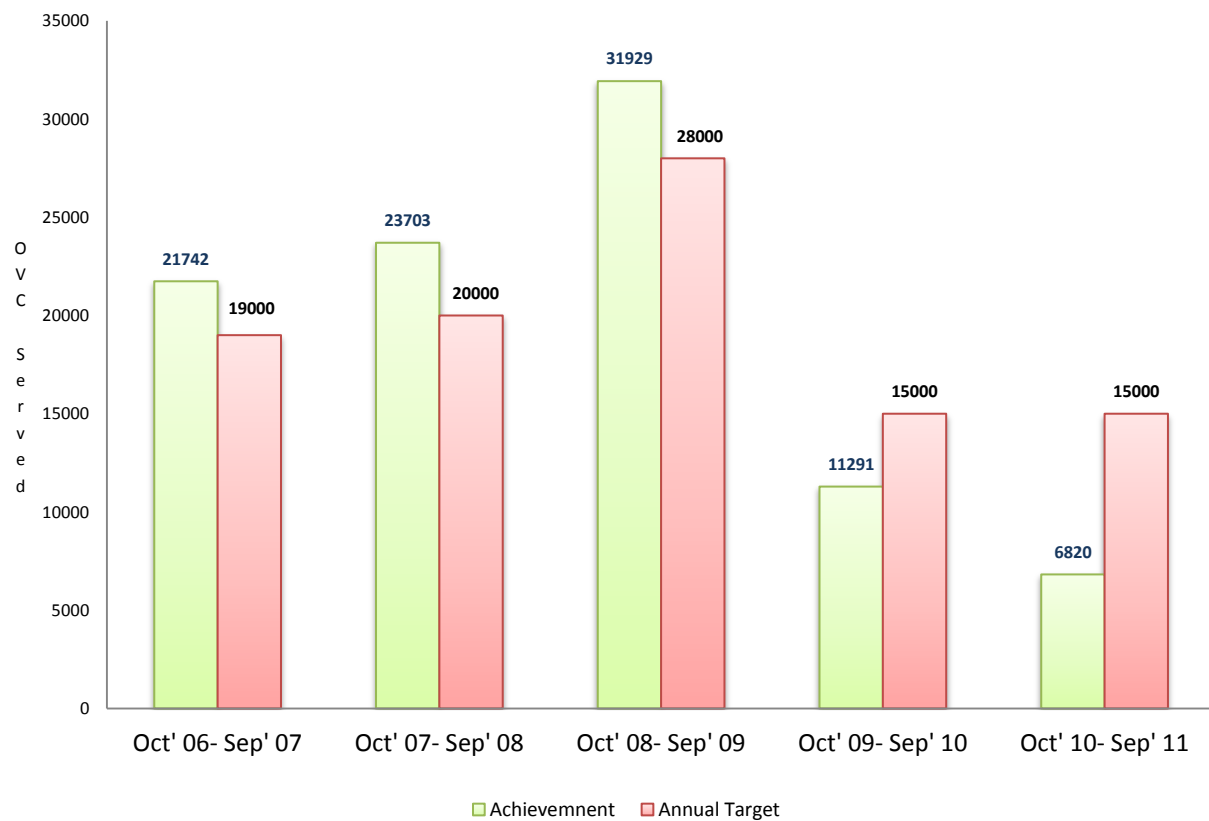
Data is further examined in the context of the set PEPFAR targets. It is noted that between October 2006 and September 2009, the performance of the programme in terms of the total number of OVC reached exceeded its set targets. Between 2006 -2007 the OVC programme was run under HWW. During this period, the target set for reaching OVC was 19,000 and yet the programme reached 21,742 OVC (exceeding the achievement by 14%). The two programme periods 2007 to 2008 and 2008 to 2009 saw over achievement of 18% and 14% respectively.

Between October 2009 and September 2010, and October 2010 and September 2011 the number of OVC served declined in level with achievement of 11,291 and 6,820 for the two periods against the set targets of 15,000. The OLF OVC program ended its service provision in the third quarter to the fiscal year October 2010 to September 2011 which resulted in under achievement of the set target. It is also conceivable that with the prevailing situation, the goals may have been set too high.



As indicated in the first part of the report (under subsection 4.1), OVC were reached through a number of mechanisms; support groups, kids clubs, family approaches, sub-grantees and child care forums. Further, HWW (earlier) and OLF later extended the reach for children through partnerships with other organizations.

**Figure 1: Number of OVC Served vs Annual Target: October 2006 – September 2011**  
(Source: HWW/OLF Annual Program Reports)



### **4.2.2 Overall Output Measures**

An Azisa electronic database was used for further analysis of services provided to OVC, specifically for the year. The database contained 104,598 entries. Each entry indicates the service provided, an ID for the person, name, age, donor, country, district and date when the service is provided. Variables of interest in the study were age and type of services provided. The entries for the database are for the years 2010 and 2011. For the whole database summary statistics were calculated for the age variable. The overall data had a mean and median of 24 and 23 years respectively. Most of the entries (modal value) were 10 years old. The range of ages for people receiving services was 0 to 93 years.

A wide range of services was provided and this included HIV infected individuals received community based care; Educational support; General healthcare; HIV-infected individuals received pre-ART care at healthcare facilities; Individuals were reached with interventions focused on norms about masculinity; Interventions were held focusing on legal rights and protection of women and girls impacted by HIV/AIDS; Provision of clinical nutritional support; Child protection interventions; and Psychological care.

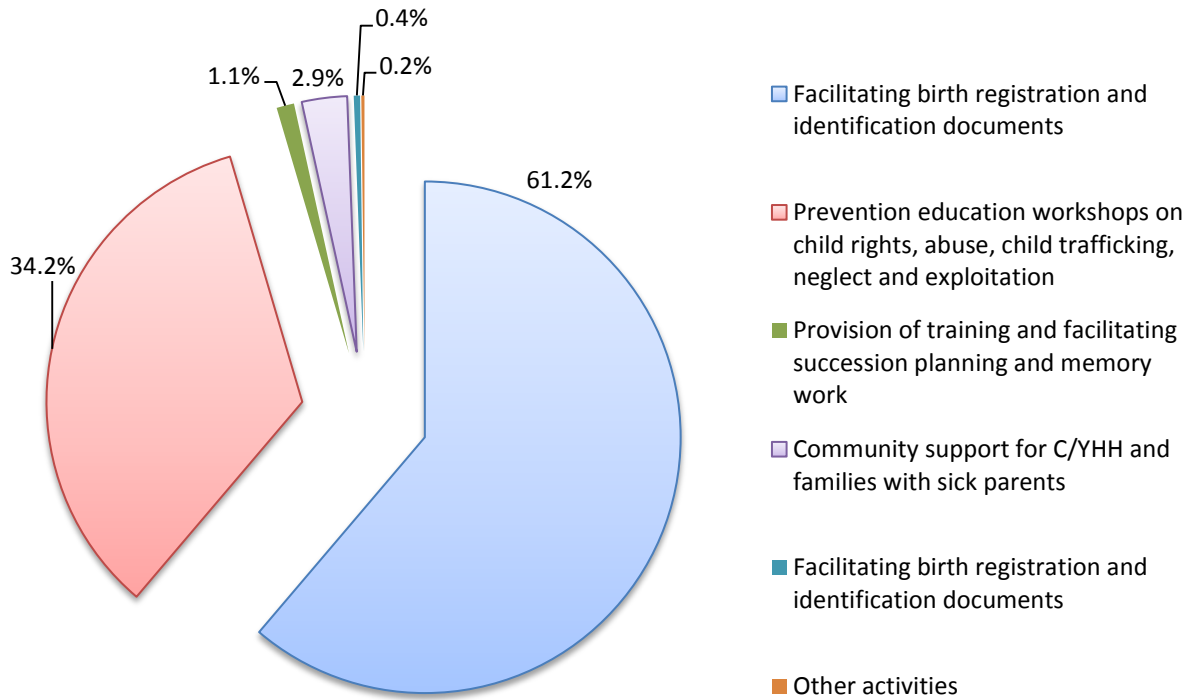
### **OVC subsample: Overall Output Measures**

A subset of OVC, aged 0-17 was extracted from the database. The total number of valid entries/cases selected was 31,173 which represents duplicated children captured as a case with a particular service rendered. From the group, the mean and median values are 10 years. Observations of the data showed that most OVC received more than one service during the period 2010 and 2011. For instance, 23 590 of OVC cases (73%) received more than one service and just over a quarter cases (27%) received only one service. Multiple services to OVC were spread out throughout the period but some children received multiple services on the same day.

Below is a summary of services provided for the key service areas of child protection, general healthcare, nutrition, HIV prevention education and household economic support.

**Child Protection:** The objective is to keep children safe from any abuse, neglect, stigma, discrimination or exploitation as well as assist with necessary citizenship documentation. With respect to this objective, the majority (62 percent) of orphans received assistance in obtaining registration and identification documents (Figure 2). The second most popular activity was related to prevention workshops. These results are consistent with the discussions from stakeholders in the field.

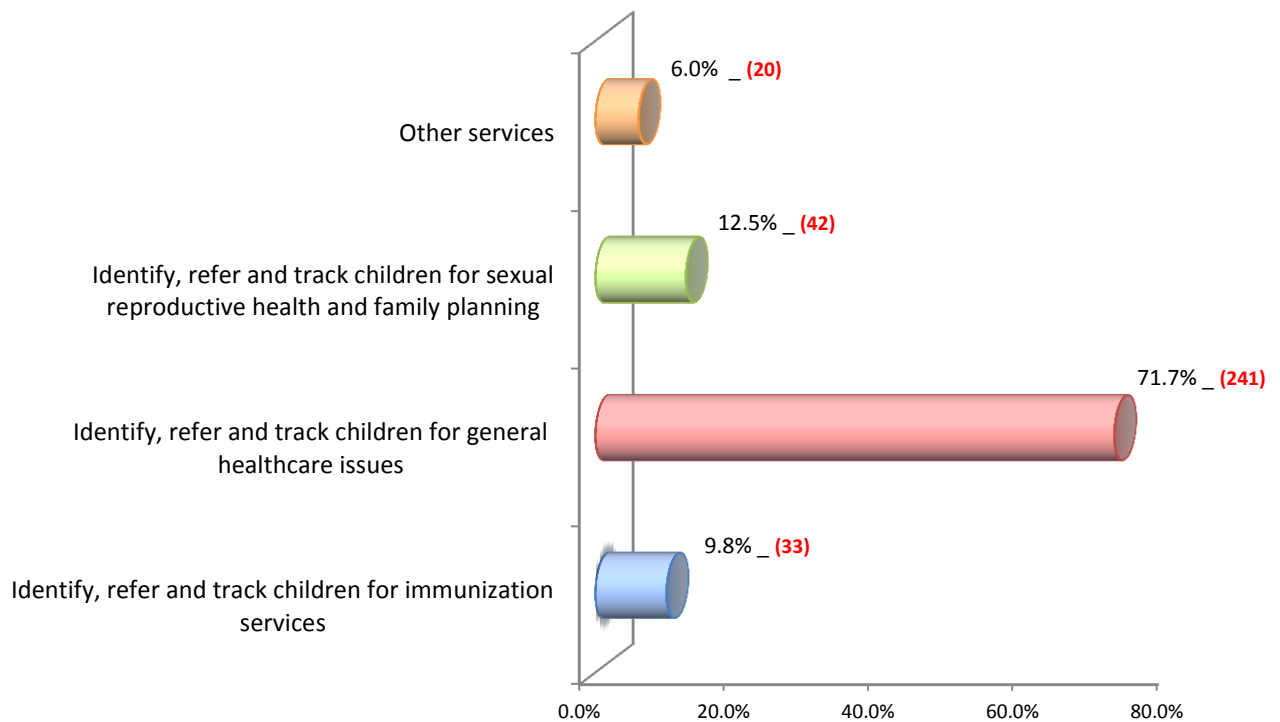
**Figure 2: Percentage Distribution of OVC Served by Child Protection Services**



**Distribution of OVC by child protection services**

**General Healthcare:** The objective is to improve the access of OVC to general healthcare and this is measured through the PEPFAR indicator of “General Health Care Referral”. Over 80 percent of OVC were reached by OLF programme staff and partners to help them with general health care issues as well as immunizations (Figure 3).

**Figure 3: Percentage Distribution of OVC by General Health Care Services**



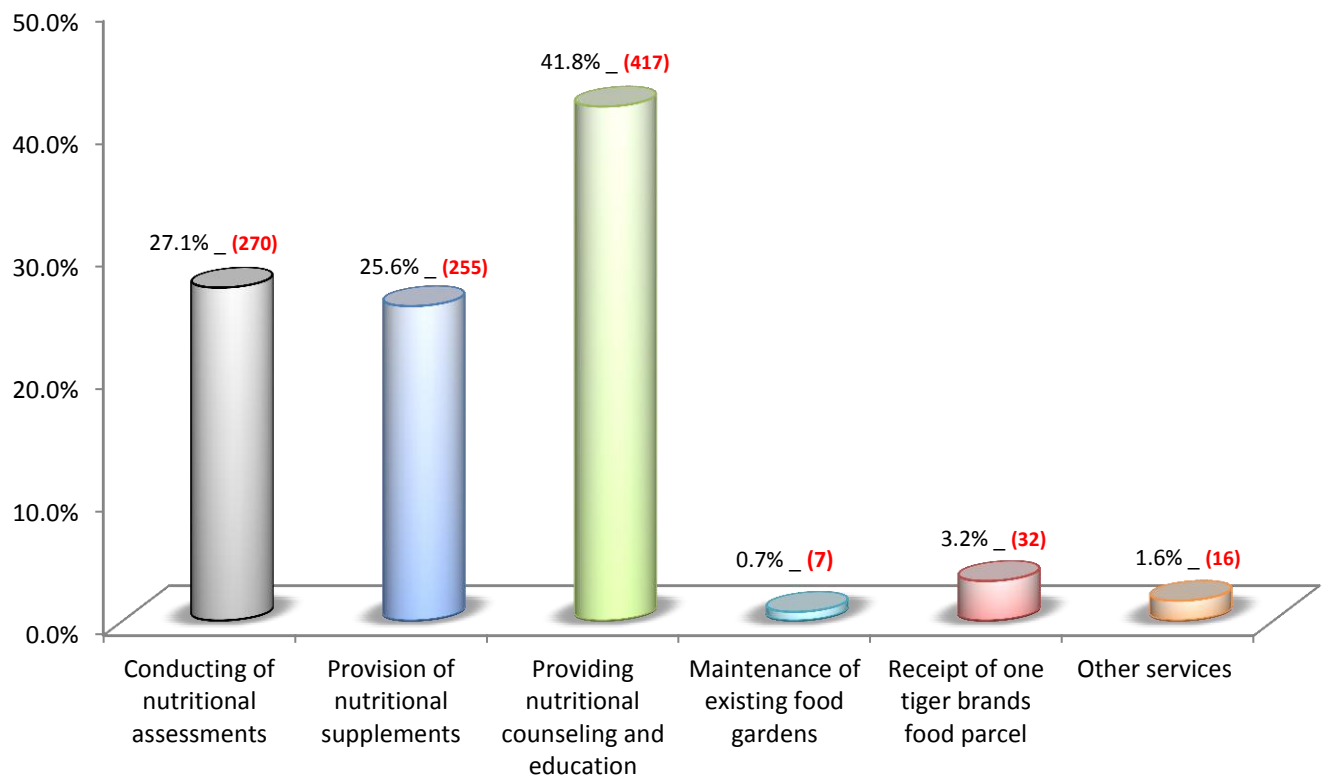
**Healthcare Support for ART Access:** The objective sought to assist OVC to test and enrol for antiretroviral treatment (ART) through the PEPFAR indicator “Health care support for access to antiretroviral treatment”. As expected, the main activity was for community workers to Identify, refer and follow up for ART enrolment (Table 2). The two key activities are referral and helping with disclosure.

**Table 2: Distribution of OVC by Health Care Support for ART Access**

Service Description	Number of OVC	Percent
Identify, refer and follow up for ART enrolment	58	56.3
Assist OVC with issues of disclosure	26	25.2
Other	10	18.4
<b>Total</b>	<b>103</b>	<b>100.0</b>

**Nutrition:** The objective was to improve the nutritional status of OVC between the age of 0-17 years and increase the capacity of families to ensure food security. Of the 998 OVC reached for nutritional services, the largest proportion were provided with nutritional counseling (42 percent) followed by those who received supplements (26 percent) and general assessments (27 percent) (Figure 4).

**Figure 4: Percentage Distribution of OVC by Nutritional Services**



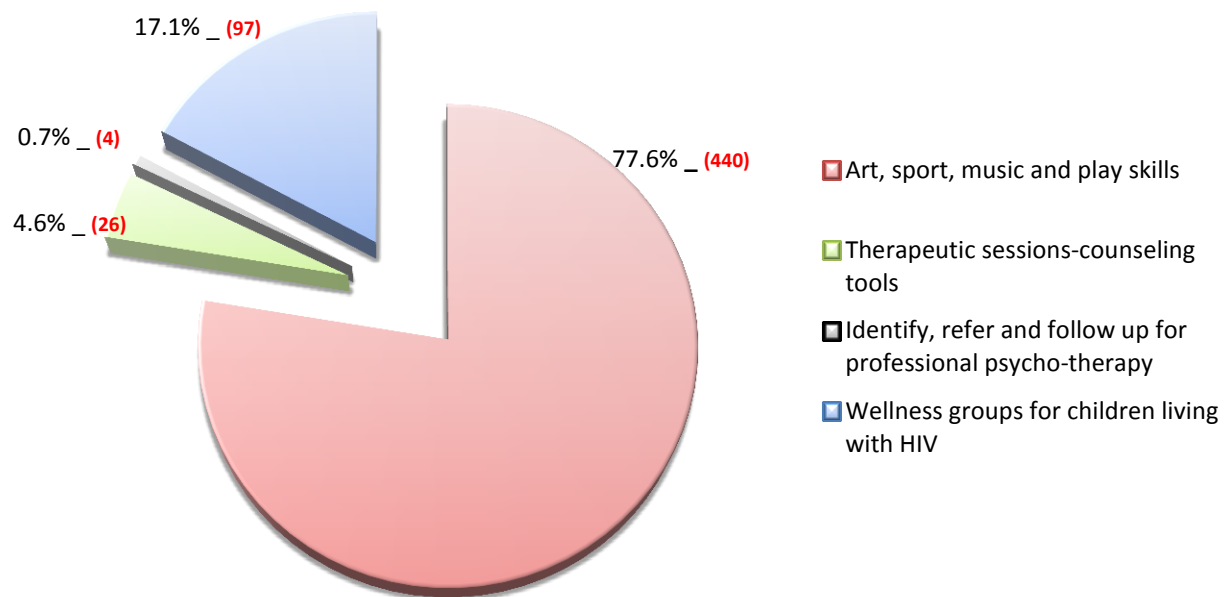
**HIV Prevention:** The objective is to educate OVC on HIV/AIDS and TB prevention methods and interventions. The PEPFAR indicator was “HIV Prevention Education”. Nearly all OVC were reached with facilitation of HIV/AIDS and TB education (Table 3). Small numbers of OVC received other services under this objective.

**Table 3: Distribution of OVC by HIV Prevention Services**

Service Description	Number of OVC	Percent
Facilitation of HIV/AIDS and TB prevention education	1,241	94.4
Conducting peer education and risk reduction sessions	34	2.6
Facilitating peer education on abstinence and delayed sexual debut	37	2.8
Other service unspecified)	2	0.2
<b>Total</b>	<b>1,314</b>	<b>100.0</b>

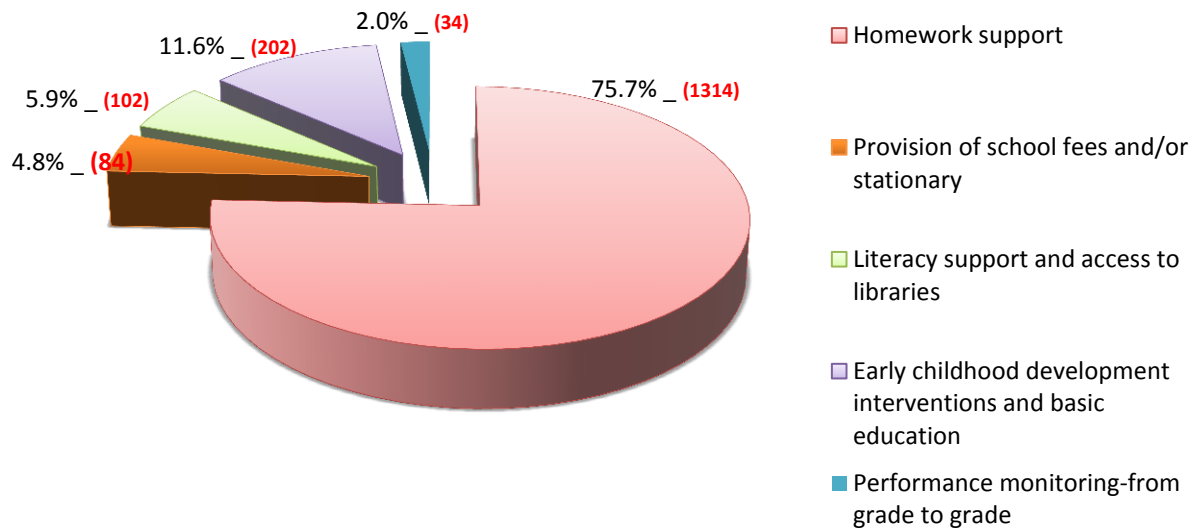
**Psychological Care:** The achievement of this objective is evaluated through the PEPFAR indicator “Psychological Care”. Of the 567 OVC reached with psychosocial support activities, the majority (78%) were engaged in art, sport music and play skills (Figure 5). The second largest group (17%) were reached with wellness group activities for children living with HIV.

**Figure 5: Percentage Distribution of OVC by Psychological Care Services**



**To enhance the School Performance of OVC:** This objective sought to enhance the school performance of OVC. The PEPFAR indicator for this objective is “Effect of educational support on school attendance and school advancement (Early Childhood Development, Primary School, and High School)”. From Figure 6, over three quarters of the 1376 children received support with their homework. The OLF interventions that helped to reach this target included school holiday camps. At such camps, the OVCs were tutored in science, mathematics and literacy lessons. OVCs were assisted with access to libraries during Jamboree referrals. Additional interventions were through early childhood development activities for children between ages 0-6 years. OLF Field workers attended workshops on early childhood development interventions and library use. All these interventions sought to enhance the school performance of OVC in school.

**Figure 6: Percentage Distribution of OVC by Educational Support**



**Household Economic Strengthening Services:** The PEPFAR indicator for this objective is “Household economic strengthening”. Of the 781 OVC reached, the majority were supported to access child support grants. The large percentage (95 percent) of children supported to access child grants is consistent with the high level of activities of facilitation for OVC to receive birth registration and identification documents (Table 4).

**Table 4: Distribution of OVC by Household Economic Strengthening Services**

Service Description	Number of OVC	Percent
Training on the vendor model	5	0.6
Training on basic finance and entrepreneurial skills	15	1.9
Training on food gardening and basic entrepreneurial skills	2	0.3
Placing of OVC in internships with local industries	1	0.1
Supporting OVC to access a child support grant	745	95.4
Other	13	1.7
<b>Total</b>	<b>781</b>	<b>100.0</b>



## Efficiency of Operations

Although the assessment did not seek to provide quantitative evidence on OLF's efficiency in implementation of the project, some findings presented below shade light on strategies used to leverage other resources to augment the program.

Firstly, the strategy adapted by OLF in terms of engaging different stakeholders was considered to be efficient in maximizing the reach of children. The programme engaged Government Departments, NGOs and the beneficiaries (children and families in the programme). This ensured buy in and efficiency in operations. With regards to government partnerships, OLF signed MOUs with departments, the schools and clinics and these worked very well in strengthening the provision of services to OVCs. At operational level OLF's partnerships with institutions like Department of Home Affairs, Department of Social Development, Department of Health, Department of Education, Department of Sports and Culture, South African Social Security Agency, (SASSA), the schools, clinics, South African Police Services were strong. Therefore, OLF leveraged existing resources and services particularly by government (various departments), other NGOs and the private sector to enable improved access by OVCs and their households.

Secondly, the use of jamborees in bringing together representatives from Social Development and Local government was designed to be an efficient way of providing a point of contact for assistance to OVCs and their guardians. In such gatherings, a number of services were provided to OVC, namely application of grants, national identity documents, disbursement of uniforms, shoes, books and bursaries. The jamborees also enabled OVCs and their families to access services from the private sector.

At community level, through the Community Capacity Enhancement Programs, OLF has left a legacy of a cooperative spirit in self- help. Community members were trained to identify programs in the community and come up with solutions. Some examples are as follows; OLF worked closely with the ward councillors and the Indunas (Zulu chiefs) in the Madhala hostels (where before only men could go in). The community radio programmes like the "Abalingane" on the Alex FM gave an opportunity to OLF to have conversations with communities on issues related to OVCs and gender equity. In Alexandra, for example, the former field managers reported that about 500 OVC could be gathered and served at a school jamboree in one day and 1200 could be accessed at a community jamboree in a day.

### **4.2.3 Impact**

Discussions with different groups showed that, in the long and medium term, the OLF interventions had some level of impact on orphans and vulnerable children. The effect of the programme can be viewed in terms of social, economic and political impact.

#### **Social impact**

The OLF program was viewed as part of interventions that transformed the social lives of orphans and vulnerable children. Activities carried out included HIV/AIDS group therapy, educational activities and psycho-social support provided at the Kids Clubs. These activities enhanced the children's self-esteem and empowered them to prevent HIV infection and to know their rights and to be sensitive to gender discrimination. During focus group discussions with the children, it was evident that the Kids Clubs had boosted the morale of the OVCs since they were quite vocal in discussing issues. An example was given that the OLF program exposed OVC to international events such as the World Cup that took place in South Africa in 2010. Some OVC were exposed to drama in which they were finally absorbed.

In Diepsloot, it was reported that Olive Leaf Foundation had school action teams in schools. One of the action teams was based in Kwena Molapo High School. The group was composed of 25 members and were trained as peer educators and peer counsellors for the school. The group has continued functioning even though they are now a team of 17 members. Two of the team members are now attending university, one is working and the rest are still in grade 12.

The group is currently helping some students from Diepsloot West Secondary School, Kwena Molapo and the Haven primary school. They teach them arts (acting and dancing). Xolani who is the group leader used to act in Soul Buddies, a popular program on SABC. He is still acting part/time. The group also do sports and make home visits to some of the students that are struggling with their studies. They also collect clothing to give to needy students in the schools that they helping.

#### **Economic Impact**

The major impact of the OLF program is seen in the way it assisted OVCs to access bursaries for tertiary education and employment internships. In Diepsloot former OLF staff reported that ten (10) OVC obtained bursaries for tertiary education from the Oprah Winfrey School. In Alexandra the former OLF staff reported that they obtained 14 bursaries from Tomorrow Trust for OVC from Alexandra and Tembisa. It was reported that in Soweto and Alexandra the OVC were each

given a sponsorship of R260 000 for a Somatology course. Most of these students are now working and some have set up their own businesses. These activities had a great potential of changing the economic status of the OVC. Through referrals to organisations like Tomorrow Trust, Grassroots, the Oprah Winfrey School many OVCs have accessed tertiary education that will transform their economic situation. This impact on education is demonstrated by the case study of Sithabiso Kumalo of the Kids Club that used to meet at Zola Clinic.

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My name is Sithabiso Kumalo; I was born on the 7th of June in 1992. I grew up in Soweto at Emmdeni and I was raised by my grandparents because I lost my mother in 2003, she died because of TB. At the time I was 11 years of age and I'm very grateful because I managed to get through the tragedy of losing her. I carried on living with my grandparents who passed away in 2008 and 2009; I was now 17 years old.

When my grandparents died my plans of going to tertiary vanished. I was invited by friends to Kidz Club where I met kids like me who lost their parents. I attended the Kidz Club until I was introduced to Tomorrow Trust by Olive Leaf Foundation staff.

At Tomorrow Trust we were taught English and Mathematics during school holidays. When I was doing my grade 12, I was given an opportunity to apply for Tomorrow Trust bursary and my application was successful. I went to do IT networking which is something I love. I finished my diploma in 2011 and I'm now employed by First National Bank as an IT analyst.

"Thank you Olive Leaf Foundation for establishing Kidz Clubs without you I wouldn't have persuaded my dream".

Regards, Sithabiso Kumalo

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The OVCs were provided with school requirements such as uniforms, shoes, books and stationery from both government and the private sector. At the same time, at community level, the income generating activities that the OLF program implemented alleviate the economic situation of OVC and their families. The economic activities included gardening, selling chickens, selling handbags and joining stokvels and this strengthened the capacity of the guardians to look after the OVCs.

## Programme Impact

Through the Community Enhancement Programmes the issues of OVC protection were given a prominent role in the communities. Community conversations during the different child protection forums and the community radio programs galvanised a community spirit among the community members and opened their eyes to the situation of the OVCs in the communities. This was demonstrated by one community member who stated she

*“Never knew that there are so many teenagers who are looking after siblings on their own until I got involved in the OLF programs.”*

The OLF has left a legacy of a community spirit to assist OVCs which was not there before amongst the community and the children. In Diepsloot, it was reported that former Kids Club members have registered an organisation in order to help other children overcome barriers like them. The OLF referral system at the jamborees enabled a great number of children to access birth certificates, national identity cards, government grants etc.

The role of the OLF volunteers in assisting at the clinics is demonstrated by discussions with a nurse at OR Tambo clinic. The volunteers who were from OLF had improved the efficiency at the clinic which led to an increase in the cure rate of patients in the community. OLF staff members who were volunteers worked side by side with nurses, further, the volunteers helped with tracking orphans and patients. The nurse at O R Tambo clinic pleaded

*“Please help the OLF staff to get sponsorship so that they can assist us and as you can see from the overcrowding at this clinic we cannot service the patients here on our own.”*

She stated that the OLF OVC field workers had become a necessary component of service delivery at the clinic. It was observed that despite the closure of OLF, in Diepsloot they still continue to volunteer their services at OR Tambo clinic. The role of OLF employees included assistance with the administrative functions at the clinics. However, with the closing down of the programme, they mentioned that efficiency at the clinic had been affected.

## **V. LESSONS LEARNT**

### **6.1 The Successes**

#### ***6.1.1 Selected Model of Implementation was Plausible***

The choice of interventions for supporting OVC as well as the process of implementation was found suitable for the context. The use of partnerships and the actual interventions were plausible.

#### ***6.1.2 Partnerships***

Through strategic partnerships with the community, government and other stakeholders, OLF shared its vision, mission and strategies. For instance, through the Community Capacity Enhancement Programs in Alexander, OLF has managed to strengthen the community spirit among the residents to work together to address problems of OVC. They used these programmes to sensitise communities to the challenges faced by OVCs and enabled them to take ownership of those community programmes.

The MOUs signed with government departments, schools and clinics worked very well in strengthening the provision of services to OVCs. This made activities such as jamborees in which multiple government departments participated feasible. OLF was seen as credible by its partner government agencies. Their relationship with the government agencies at municipal and ward level was reciprocal. They called upon government agencies to provide services at jamborees and government used them as a point of contact for internships and bursaries and for referring community members for service.

Evidence of good relationships between OLF and government manifested itself during field visits when MASAZI field investigators were offered government venues for focus groups discussions and in-depth interviews. Representatives from these groups mentioned that they interacted well and were happy with their relations with the OLF.

### ***6.1.3 Interventions***

A battery of interventions was chosen to improve the lives of OVC by key stakeholders as well as beneficiaries. As part of its advocacy strategy, OLF worked with government departments, international and local NGOs in order to advance support for OVC. At community level, capacity building was instituted to support the households. In particular, guardians were trained in various skills, especially related to HIV and TB, parenting and income generation.

For the child, the Kid Clubs, jamborees and life skills education were vehicles to improve services for OVC. Jamborees provided an opportunity for an efficient and effective provision of OVC required services. The Kids Clubs were very popular with the school children. They assisted a large number of eligible orphans and vulnerable children to have access to social security services; increase in the number of learners who have access to education, particularly girls; the provision of HIV life-skills education in all schools and grades. OLF have helped OVCs to access extra school work support, access bursary support. The link between the community programmes with the clinic was praised because it enhanced access to good health service delivery.

### ***6.1.4 Capacity Building of OLF Workers***

One major achievement of OLF was the increased capacity development of its staff through workshops and team building sessions. The strong capacity building initiative could account for some of the sustainability activities which some of middle management staff has taken to initiate their own CBO and NGOs in the communities where they operated.

## **6.2 The Challenges**

### ***6.2.1 Necessity for Diversified Funding***

OLF staff identified the need for diversified funding for survival of NGO. In such situations, leveraging private sector and Government resources to supplement PEPFAR funding and community efforts was a good strategy to expand coverage and ensure the sustainability of programs over the long term. OLF was unsuccessful in its attempt to attract diverse sources of funding at a large enough scale. As a result, the organization remained completely reliant on one donor to support running costs and program implementation.

### ***6.2.2 Good Donor Relations***

Respondents from stakeholders stated that “responsiveness is a golden key to sustaining donor support” and OLF could not fulfil that requirement. Respondents emphasised that, in the current climate of reduced funding, it was crucial for institutions receiving donor funds to show value for money. Donors also have different requirement criteria which need to be fulfilled. OLF was unable to fulfil the requirements of their major donor, USAID.

### ***6.2.3 Good Governance and Management of Organisations***

Discussions from several stakeholders including former OLF staff pointed out that governance and management challenges may have contributed to the eventual downfall of the organisation. Former employees cited the large layer of bureaucracy that existed in the organisation. Perhaps an exaggeration but illustrating the point, one former OLF employee remarked that one would pass through eight people before getting to the executive director. Further, there was no team work and unity of purpose in executing tasks. The organizational culture did not reflect shared values, norms and principles. Due to perceived inefficient management approaches, well qualified staff left the organisation after the breakup from HWW. The frequent changes of CEOs also led to “a lack of a consisted vision” and strategic “focus” for the organisation as was noted by one respondent.

Management inefficiencies and lack of a credible board are attributed to the closure of OLF. Among former employees, there was a perception that the board composition was constituted along racial lines, with board members who could not identify with issues that were being addressed.

### ***6.2.4 Lack of an Exit Strategy***

Taking into account that OLF depended heavily on donor funding, it was critical that they should have designed an exit strategy of what to do once funding came to an end. Communicating information about the termination of a program that was assisting children needed to be handled carefully to avoid activities remaining in unclear state as well as angry employees because of job losses.

According to respondents, OLF had been advised by the donor about two years earlier that funding was going to come to an end. This was reasonable time to look for alternative funding

and inform beneficiaries. However, OLF management was unable to source alternative funding for its programmes.

Former OLF employees narrated difficulties arising in their work because of closure of the OLF organisation. The case study from Soweto is illustrative of some of the problems faced by disruption of services for children due to the ending of programmes.

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#### A case of Zandile Ngweni

Zandile Ngweni of the KIDZ Club in Zola, whom OLF had started to know in February 2011 when he was 13 years. He was doing Grade 7. Zandile was attending the Kidz Club at Zola Primary School irregularly because he was staying far from the school. During the Kidz Club the fieldworker noticed withdrawal symptoms from him. The fieldworker interviewed Zandile and found that he did not want to go back home because he doesn't belong to the family he was staying with.

Home and family assessment were done by the caregiver. The caregiver found that Zandile's mother had abandoned him to her younger sister who also abandoned him when she started running a tavern.

At the time for abandonment the boy hardly had clothes nor food, nor any legal documents. On April, 30, 2011, Zandile attended the Tree of Life workshop with other children. He started to gain more interest, confidence and enthusiasm to attend Kidz Clubs regularly. The caregiver made efforts to follow up with Zandile's sister and mother through a link person at Nance Field Hostel. The date of the follow up to Nance Field Hostel was 30 June 2011. Unfortunately, by that time Olive Leaf Foundation fieldworkers could no longer claim transport allowance as the organisation was closing down.

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#### **6.2.5 Reporting technical and financial data**

The former OLF staff cited challenges faced by staff members in report writing. This was also reported in the documents. The end of project report indicates difficulties associated with *“lack of systems for proper compliance implementation”*. Due to departure of experienced staff, there was a challenge in writing and submitting reports to the donor in time.

OLF embarked on an extensive Electronic Distributed Monitoring and Evaluation System (EDMES). A lot of data was inputted in 2010 but the database proved to be of limited value since its use could not be continued due to lack of experienced staff. The close out report cited *‘non compliance of field staff’* as the reason for failure to utilize database.



## **VI. RECOMMENDATIONS**

1. The evaluation team recommends that CBOs and NGOs that have come up as an offshoot of OLF operations should be supported to continue the work in the communities of Diepsloot, Soweto and Alexandra (and perhaps elsewhere). The views from the communities are that they are playing a critical role in assisting OVC.
2. The interventions that were promoted by OLF, that is, Kids clubs, jamborees, holiday camps, home visits were very popular with beneficiaries and they should be resuscitated and supported.
3. It is recommended that more support be provided in monitoring, evaluation and fund raising to organisations receiving donor funding. There is need for more concerted efforts in mentoring and training such organisations in order to foster the culture of good governance and sustainability.

## VII. CONCLUSION

The purpose of the OLF OVC program assessment was to gather evidence on key program achievements and outcomes with regards to addressing the needs of orphaned and vulnerable children in targeted communities. In this regard, the assessment of OLF programme, conducted at the four sites in the Johannesburg sites of Diepsloot, Soweto, Alexandra and the Motherwell in the Eastern Cape, provided evidence of achievement of the OLF programme and the challenges it faced. The OLF programme responded to the needs of the OVC community in the South African context and filled a gap for OVC. The areas where they operated were characterized by a number of social and economic ills; high rates of unemployment, poverty, violence and high prevalence of HIV /AIDS. The OLF OVC programmes addressed the problem of the child in this context, and within the framework of the international and national policies and guidelines.

Stakeholders' views showed that the OLF programme was well known among the stakeholders and beneficiaries. Qualitatively, achievements were cited in terms of changes the programme had brought into the lives of OVC and their families. Partnerships with government, other NGOs and communities were strong. OVC were full of praise of their engagement and their interaction with the programme.

However, problems in implementation were encountered and these led to the closure of OLF. Views from different stakeholders suggest that most of the problems emanated from poor governance and management issues. Management of OLF seemed unaware or was unable to meet their obligations to their donor and did not have a transparent and visionary management system with middle and lower level staff. They were unable to translate their partnerships with Government and the NGO sector to funding opportunities and hence their closure.

On the other some good has come out of the programme. Some of the staff members have used their experience with OLF to form their own NGOs or CBOs that will continue to provide services to communities. However, they face challenges of start-up capital. They have approached a number of donors, including government to seek funding for them to continue offering similar services. Support to these fledgling CBOs is recommended.